

Provider Enrollment

POLICY I: *Each entity wishing to become a First Steps Provider shall complete the First Steps Provider Enrollment Packet.*

PROCEDURES:

1. Each entity shall request, either in writing or by phone, the First Steps Provider Enrollment Packet. (**Required Forms 5 –9**)
2. Each entity shall complete the packet as described below and return the completed packet to Susan Cole, CCSHCN, 982 Eastern Parkway, Louisville, KY 40217.
 - A. Each entity shall complete the First Steps Provider Agreement Form (**Required Form 5**).
 - (1.) Provider Number: This is assigned following approval. Do **not** fill in this blank.
 - (2.) Leave the day, month and year blank, this will be completed upon approval.
 - (3.) Enter the official name of the entity requesting to become a First Steps Provider and the complete mailing address.
 - (4.) The signature shall be original and shall be the person authorized to commit the entity to providing services, adhering to First Steps Regulations, Policies and Procedures.
 - (5.) List the name, address and phone number of the contact person that is responsible for disseminating the First Steps Communication Packet and any correspondence pertaining to First Steps to all personnel working with First Steps children within the applying entity.
 - B. Each entity shall complete the First Steps CBIS Provider Enrollment Form (**Required Form 6**) upon initial enrollment; each time a new service and/or employee is added to the provider; and when there is any change in the provider's demographic information. Complete the form as follows:
 - (1.) Check appropriate box indicating whether if this is new, an annual renewal or update in provider information;
 - (2.) Section 1: Complete this section for annual renewal for updates to billing information.
 - (3.) Section 2: Complete this section

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- (4.) Section 3: Complete this section for each person that will bill on this provider number by:
- (a) Listing their name;
 - (b) Social Security or Psudeo number;
 - (c) their discipline code number(s) (**Listed on Form 9**);
 - (d) check if they also work as a state employee; and
 - (e) check all the services that person will be providing through this provider number;
- (5.) For all employees for whom you anticipate billing you must submit and maintain appropriate documentation of their professional credentials:
- (a.) For all licensed and/or certified professionals as identified in 908 KAR 2:150, Section 1, (a) – (p), who are listed on the First Steps CBIS Provider Enrollment Form you shall submit a copy of the professional's license or certification with the CBIS Provider Enrollment
 - (b.) For the Developmental Interventionist who does not presently have certification as required in 908 KAR 2:150, Section 1, (c), you shall establish, send in with the CBIS Provider Enrollment Form and maintain on file the First Steps Professional Development Plan for Developmental Interventionists For Achieving The IECE Certification (**Form 7**).
 - (c.) Professionals shall maintain on file a copy, or proof, of their degree or other qualifiers commensurate with the requirements of 908 KAR 2:150.
- (6.) The signature shall be original and be from the person authorized to ensure compliance with First Steps Regulations, Policy and Procedures.
- C. Each entity wanting to file their bills electronically, either by fax or computer, shall complete the First Steps Provider Agreement Electronic Media Addendum Form (**Required Form 8**).
- (1.) Leave the day, month and year blank, as it will be completed upon approval.
 - (2.) Enter the official name of the entity requesting to become a First Steps Provider and the complete mailing address.
 - (3.) The signature shall be original and be from the person authorized to ensure compliance with First Steps Regulations, Policy and Procedures.

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- (4.) Complete the name, title, date and phone number of the person designated as the billing contact person.
3. Upon arrival of the completed First Steps Provider Enrollment Packet to the First Steps office in Louisville, it will be checked for completeness, signed by the authorized Commission for Children with Special Health Care Needs person and forwarded to First Steps CBIS for assignment of the provider number and verification that a representative of the entity has attended the required First Steps CBIS training.
4. Upon successful completion of the Provider Enrollment process First Steps will send to the entity:
 - (1.) A copy of the First Steps Provider Agreement with the CBIS Provider number, date billing can begin and authorized signature from the Commission for Children with Special Health Care Needs.
 - (2.) A copy of the First Steps Policy and Procedures Manual.
5. Any changes in provider status, i. e. deleting a service, ceasing to serve First Steps children, change in address, phone, etc.; must be made in writing to Susan Cole, CSHCN, 982 Eastern Parkway, Louisville, KY 40217.